متع	PATENT	ORE											
Effective October 1, 2003								10698495					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR		R THAN ENTITY	
TOTAL CLAIMS			28					RATE	FEE	ר ר	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			W minus 20=		. 8			· X\$ 9=	22	OR	X\$18=		
INDEPENDENT CLAIMS			S minus 3 =		٠ ٦			X43=	86	1	X86=		
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT							OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OR	+290=		
									LSY3	OR	TOTAL	L	
10/31 03 CLAIMS AS AMENDED - PART II (Column 1) (Cotumn 2) (Column 3) CLAIMS HIGHEST								SMAL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.98	Minus	. 0	28	3		X\$ 9=	1 7	OR	X\$18=		
	Independent	<u>  S</u>	Minus	٠ ر	<u> </u>	=		X43=	11	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	1/		+290=		
			•	•		. :	. 1	TOTAL	<del>                                     </del>	OR.	TOTAL		
		(Column 1)		(Colum	In 21	(Column 3)		ODIT, FEE		OR,	ADDIT. FEE		
AMENOMENT B		CLAIMS REMAINING		HIGHE	ST	PRESENT	Г		ADDI-		·	ADDI-	
	·	AFTER AMENDMENT		PREVIO		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	.27	Minus	2		=		X\$ 9=	-	<del>O</del> R	X\$18=		
	Independent	NTATION OF MI	Minus	PENDENT I	<u>5</u>	• ,	lſ	X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290≐		
							A	TOTAL		OR ,	TOTAL DDIT. FEE		
(Column 1) (Column 2) (Column 3)													
N L	•	CLAIMS REMAINING AFTER AMENDMENT	. •	HIGHE NUMBI PREVIOL PAID FO	ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		<b>.</b>	ı	X\$ 9=		OR	X\$18=	,,,,,	
	Independent		Minus	200	•	=	+	X43=			X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X88=													
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
<del></del>	the "Highest Nun the "Highest Nun	nber Previously Pai nber Previously Pai	d For in This d For in This	S SPACE is I S SPACE is I	ess than	20, enter '20."		TOTAL DOTT. FEE			TOTAL DOIT, FEE		
11	he "Highest Numi	ber Previously Paid	For' (Total or	Independen	t) is the l	highest number	foun	d in the ap	propriate box	in colu	mn 1.	· [	
												•	